DOCUMENT RESUME

ED 405 716 EC 305 437

AUTHOR	Brody, Jill; Webber, Lynne
TITLE	Let's Eat: Feeding a Child with a Visual Impairment.
INSTITUTION	Blind Childrens Center, Los Angeles, CA.
PUB DATE	94
NOTE	32p.; Photographs may not reproduce clearly.
AVAILABLE FROM	Blind Children's Center, 4120 Marathon Street, Los Angeles, CA 90029 ($4).
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Blindness; *Child Rearing; *Eating Habits; Nutrition; Parent Child Relationship; *Self Care Skills; *Visual Impairments
IDENTIFIERS	*Feeding Skills

ABSTRACT

This guide for parents and caregivers of young children with visual impairments is intended to help them to teach competent feeding skills. After an introduction, a section on stages in learning to eat discusses eating behaviors of infants and young children with visual impairments at various ages. Examples of some specific problems and solutions are included. The next section discusses issues that may contribute to delayed development of mature feeding skills. These include diminished visual acuity, misinterpretation of a child's cues, tactile defensiveness, lack of anticipation, repetitive movements, behavioral issues, related impairments, neuromuscular problems, arching, tongue thrust, and immature reflexes. Four organizational resources are identified. (Contains 10 references.) (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 405 716

Let's Eat

Feeding a child with a visual impairment

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL HAS BEEN GRANTED BY

M. Rovers

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

Jill Brody, M.A., O.T.R. and Lynne Webber

EC 305437

BEST COPY AVAILABLE

Let's Eat

Feeding a child with a visual impairment

Introduction 2

Stages in learning to eat 4

Related issues 14

Summary 24

INTRODUCTION

Children with visual impairments often have more difficulty learning to feed themselves than do children with adequate vision. Babies and toddlers with visual impairments lack one major avenue of exploration, and this significantly influences their awareness, perceptions, and anticipation of the food which is presented to them. As a result, they often resist the introduction of textured foods, show a lack of interest in the process of self-feeding, and may be perceived as "poor eaters."

Learning to eat is a complex process which involves sensory stimulation and awareness, controlled movements, coordination, and exploratory behaviors. Cultural practices are also factors in the learning process. Most children learn to eat with ease, and parents often have almost no awareness of the stages children pass through, or the complexity of the task.

Feeding a child is considered an important aspect of nurturing which enhances the bonds of love and trust between parent and child. When everything goes well, parents feel confident in their ability to successfully meet one of their child's most basic needs.

Parents and caregivers may feel frustrated and inadequate when their child does not react with excitement in the same way that other children do when different eating experiences are offered. These feelings are frequently expressed by parents of children with visual impairments and may affect the parent/child relationship.

The process of helping a child learn to eat independently can take a long time. When babies with visual impairments, developmental delays, and problems related to muscle tone have feeding difficulties, individualized techniques are often necessary to help them. Fortunately, there are methods which can help parents of problem eaters feel more confident. There are also specialized ways to assist children with visual impairments as they learn to become independent in eating.

We hope this booklet will be helpful to those families who are coping with the challenge of teaching competent feeding skills to their children with visual impairments.

STAGES IN LEARNING TO EAT

In order for your child to acquire the ability to eat independently, he must first master some important skills. This section describes the developmental sequence and approximate ages at which children learn these skills. Each child learns at his own pace. With this in mind we offer suggestions that can help you and your child during his early years.

Almost every parent receives numerous unsolicited suggestions on how to raise a child from pediatricians, friends, grandmothers, and even strangers in the supermarket. When a baby has a special problem, parents frequently receive an avalanche of advice. If the problems do not improve, parents may become confused, frustrated, or angry. This is a perfectly natural response to a difficult situation.

It is helpful to remember that you know your child best, and only you can decide on the most appropriate ways to help him. Your cultural background, parenting practices, and your family's expectations will influence the manner in which your child becomes a self-sufficient eater.

Feeding is an important activity offering you and your baby valuable experiences as you develop your relationship. Medical, developmental, or environmental problems may put stress on the parent/child relationship, and this stress can influence a child's acquisition of feeding skills. To prevent this from occurring, emphasize the feeding relationship and work towards the goal of helping your child learn feeding skills and positive eating behaviors.

Infants and children with typical development move from one stage to another almost automatically. For example, your baby reaching for your cup and attempting to take a sip of soda lets you know that she is ready to begin to learn to drink from a cup. An infant with a visual impairment, however, may never reach for the cup because she is unaware of its presence and has never seen anyone drink from a cup.

Each child develops a particular style of communicating as she learns to eat by herself. As with any activity, it is important to pay attention to your child's cues. With guidance and support, the child with a visual impairment can be helped to learn cup drinking as well as other skills. As the parent, you are the person best qualified to interpret your child's special signals.

Newborns

A full-term newborn can suck and swallow with a coordinated rhythm soon after birth. This is a response to the need for nutrition and occurs somewhat independently of learning. If you have a young infant with a visual impairment, talk to him with every interaction. Even when he is not able to understand your words, he will learn to recognize your voice. For example, tell him what is happening before placing the nipple in his mouth. You may also give a tactile cue by touching the nipple to his cheek or lip. Young babies automatically turn towards the side that has been stimulated.

3 to 4 months

By three or four months of age your infant has built upon her early reflexive behaviors, and eating has become more of a learned behavior. She has learned to anticipate the breast or bottle by opening her mouth. She has developed the ability to take in more liquid at each feeding and can handle it more efficiently. A baby with a visual impairment may already be responding to your verbal or tactile cues. During this period your baby learns to trust adults by knowing that her hunger needs will be met. Eating becomes a social time as you and your infant experience pleasure from mealtimes.

Sighted infants often begin to place both hands on their bottles at about four-and-a-half months. You can encourage your baby to hold her bottle. Place her hands on the bottle while you continue to hold her and talk to her. It is easier to gently push her elbows forward than to pull on her hands. You can place your hands over hers to hold the bottle in place. Gradually let go until she is holding it by herself.

Some infants with visual impairments do not like to touch or hold objects. Keep trying! Because some infants prefer holding soft things, try placing a clean sock over the bottle to give it a soft surface.

4 TO 6 MONTHS

During their fourth through sixth months of age, many babies are given their first pureed foods. There are signs which let you know your baby is developmentally ready for solid food. Some of the ways you will know include: doubling of birth weight or weighing about thirteen pounds; physical cues such as more controlled mouth movements and stable head and neck control; sensory cues such as putting hands and toys in the mouth. At this stage, infants are often putting everything in their mouths. This is the way oral sensitivity is decreased and it provides a valuable, tactile way to explore objects.

Pediatricians often suggest that you begin spoon feeding with a little rice cereal mixed with formula or breast milk. At first, a baby usually pushes the food out of her mouth with her tongue. This is a continuation of the sucking pattern and doesn't mean she doesn't like the food, but, rather, that she is unsure of what to do with it. As she continues to have more experiences with her first foods she will learn how to move her tongue and swallow food in a more coordinated manner.

As your baby begins to eat solid foods it will be easier for her to swallow correctly when she is sitting upright. If your baby doesn't have enough strength to hold her head up by herself, you can use pillows or rolled towels to support her head. Some mothers hold their infants in their arms; others place their babies in infant carriers or car seats.

Drinking from a cup may be introduced to the baby at approximately six months. Many infants hold their own bottles at this age and are ready to move on to the next step. During mealtimes, help your child find the cup on the table in front of her and bring it to her mouth. It is helpful to teach her to return the cup to the table after each sip so she can find it again later. Some parents prefer to use tippee cups with spout lids because they feel these reduce spillage. However, using a regular cup will help your child develop a more mature drinking pattern rather than maintaining the same sucking pattern she used with the bottle.

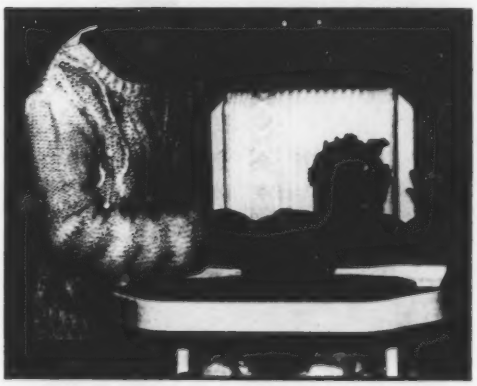
6 TO 9 MONTHS

At six through nine months of age, many children learn to finger feed themselves crackers. This activity requires a child's awareness of the relative positions of hand and mouth, control of hand movements, the ability to grasp items without immediately letting go, and mouth closure with chewing. You will know your baby is ready to finger feed himself when he begins to bring objects to his mouth. A young child often initiates self-feeding by finger feeding himself cookies and crackers. A good way to begin teaching this skill is by placing a graham cracker in his hand and encouraging him to bring it to his mouth. Graham crackers are a simple food to start with as they are large enough to grasp and dissolve quickly in the mouth.

Many children enjoy feeding themselves finger foods. Developing independence by mastering tasks is a necessary part of the emotional development of all children. To help your child develop the skill of feeding himself, place the crackers on a table or tray in front of him. At first, assist him by using verbal cues and hand-over-hand assistance to help him locate and pick up the cracker.

9 TO 12 MONTHS

By nine through twelve months of age, children may be able to chew mashed foods and begin eating solid foods. At this stage of development, touching the food and fingerpainting with food on a highchair tray can provide valuable information to the baby about textures. Babies at this age frequently grab the spoon and attempt to feed themselves, usually with a great deal of spilling. When given the opportunity to practice —with a little help—most babies learn to control the spoon.



Self-feeding can be a very messy process! It is all right to let the child get messy and this may help her become more adventurous in exploring different aspects of her world. Families can take steps to deal with messy eating by covering an area of the floor with a dropcloth or by having the child wear an extra-large bib.

Problems

Mario is eleven months old and he holds his head down most of the time. The doctor said he has low muscle tone in addition to almost no vision. He won't hold his head up straight and it's hard to feed him with a spoon, so I usually feed him while he is lying down. He doesn't know how to sit up by himself.

Solutions

It can be dangerous to feed a young child solid or pureed foods while the child is lying down because he can choke easily. Children with low muscle tone (also called hypotonia) have difficulty developing head control, maintaining positions against gravity, and sitting upright. However, it is very important to place a child with low muscle tone in the safest and most "normal" position for feeding in order to teach his muscles to react and maintain this position.

Try the following to keep him in an upright position while feeding him:

Place him on your lap in a supported sitting position with his shoulders and neck cradled by your arm.

If he is comfortable in his car seat, place him in it with the seat tilted back slightly.

A highchair can be adapted with a harness for support or by padding your child with rolled-up towels on either side of his body. If he cannot keep his head up, place one hand gently on his forehead while he is being fed until he has swallowed the food.

To improve his head control, at non-mealtimes place him on his stomach on the floor supported by his arms. Encourage head lifting by shaking a rattle, talking to him, or by playing a musical toy at or above his head level. Sometimes it helps to place a small wedge or a rolled up towel under his chest for support.

Some children with visual impairments may begin to have feeding problems by strongly preferring pureed baby foods to textured foods. To avoid this problem encourage your child to eat a variety of textured foods. Crushed graham cracker crumbs or wheat germ can be added to pureed baby food to increase the texture. Mashing regular table food is better than using junior foods. These commercially available foods are neither totally solid nor totally liquid and may actually be difficult and confusing to a child. Jello™ can also be confusing for toddlers because it starts as a solid and then becomes a liquid in the mouth. By using chopped or mashed table foods you can provide an easier transition to solid foods. By mashing the foods less and less, you are also allowing your child to acquire a taste for adult table foods.

A consistent location for mealtimes, such as a highchair or low table, will help your child learn what to expect. If your child is bothered by glare, face the chair away from windows or strong light sources. To promote self-feeding, make sure there is no light reflection from the table top or highchair tray.

12 TO 18 MONTHS

By his first birthday, begin to include your child in family mealtimes. There are so many opportunities for socialization and language during meals that they can become important avenues for learning. Encourage conversation between family members. Everyone can provide explanations of the mealtime activities. For example: "Your brother just spilled his milk," or, "That scraping sound was your sister pushing her chair away from the table." Your child needs to know he isn't the only one who spills or drops things.

Older toddlers with more teeth are ready to eat a wider variety of finger foods. At this stage, finger feeding helps in the development of other related skills; for example, using hands to search for and identify a desired object. Your child can also develop fine motor skills by picking up small items such as dry cereal or chunks of cheese. As he becomes proficient with cracker eating, you can begin to introduce additional textured foods and tastes such as smooth peanut butter on bread sticks and cream cheese on snack crackers.

It is helpful to have the plate, cup, and utensils in the same location for each meal. If the plate scoots as he spoons his food, you can

hold it in place with a suction soap holder or use a plastic bowl with a suction cup. You can also show him how to use one hand to hold his plate while scooping the food with the other hand. It is especially helpful to encourage your toddler to locate and replace the cup on the table. Don't just hand him the cup because there may be many spills when he tries to return it in mid-air.

18 MONTHS TO 3 YEARS

From 18 months through two years of age, children gradually improve their ability to handle a cup or spoon and can eat table foods. Well-controlled spoon feeding usually develops between 24 to 30 months of age. Some parents enjoy spoon feeding their children and do not encourage self-feeding. If this is important to your family, continue to spoon feed your child, but try to give her the opportunity to learn to use the spoon, as it will assist in developing her independence and coordination.

3 YEARS

At age three, children are usually able to handle most adult table foods. However, foods with a lot of texture and large pieces of meat should not be given to young children. They may have difficulty chewing and swallowing some foods such as chunky peanut butter, raisins, or raw carrot sticks. Nuts, popcorn, whole grapes, and whole hot dogs should not be given to toddlers and young children as they can choke on them. Always provide supervision for young children while they are eating.

As your child grows, continue to give him verbal information about the location of his food and utensils. During the pre-school years, children are usually given the opportunity to pour their own drinks. Begin by letting your child pour from another cup into his own. As he becomes more proficient, let him begin to pour from a small pitcher. This skill can also be taught during bath time by using plastic cups for water play.

Helping your child learn many of these skills will require patience and ingenuity. Network with other parents and find out what techniques have helped them. Teachers, occupational therapists, and physicians can also provide helpful information. It is necessary for you to gather available information and then use it in ways that work best for you and your child.

Problems

My daughter, Lisa, is very stubborn. She only likes baby foods or really soft foods like yogurt. When I try to give her table food she tastes it and then closes her mouth tight! Sometimes she even gags and vomits. The doctor says there is nothing wrong with her digestive tract or her ability to swallow but that I have 'spoiled' her by giving in to her. She was premature and has very little vision and at two is still very thin. I'm afraid she won't eat enough and get sick, so I do give in to her a lot.

It is not unusual for children who were born prematurely to have an aversion to foods with different textures. Many "preemies" also have tactile defensiveness, a term which means simply that they dislike touching objects, either with their hands or their mouths. Many parents of premature babies are also afraid that their babies may not survive and are dedicated to making sure they thrive once they have been discharged from the hospital. It can be scary to take care of a very small baby who has been seriously ill, and protectiveness is a natural response.

In order for children to develop normal feeding behaviors, however, it is necessary for them to experiment with a variety of different tastes and textures. Toddlers sometimes refuse new experiences and seem to eat very little, especially when they are around two years of age!

solutions

To help your child learn to enjoy different foods, you might consider doing the following:

At least once a day, do not give her the pureed food that she wants. Offer her increasingly more challenging textures: applesauce or yogurt with crumbled graham crackers mixed in; coarsely chopped macaroni and cheese; soft-cooked (not pureed) rice; or adult cooked cereals such as oatmeal. If she rejects the food you are giving her, tell her, "Okay, I guess you're all done now," and take the food away.

Give her opportunities to play with different textures by fingerpainting with pudding, playing with cooked spaghetti, or by touching a variety of household objects such as wet and dry sponges, sandpaper, rough and smooth materials, sand, cornmeal, and dry rice.

Tell her you understand that she does not want to try new things but that you would never give her anything bad. Let her feed you—with her hands or with a spoon—the same foods that you are giving her. Make a game out of it by taking turns.

If she closes her mouth when you bring the spoon up to her lips, try putting some of the food on her lips so that she at least can taste the food. She may like it!

Related issues

BEST COPY AVAILABLE

There are many reasons for delays in the development of mature feeding skills. Some delays are unique to children's visual problems while others are based on associated medical, neurological, or behavioral conditions. In this section we discuss some of the more frequently encountered problems which children experience and we suggest some techniques to help each child learn to eat as independently as possible.

Diminished visual acuity

Parents may find it helpful to consider their child's visual abilities when teaching feeding skills. You can observe how your child uses her vision and then plan feeding adaptations to make the best use of her abilities. An ophthalmologist, teacher of the visually impaired, orientation and mobility specialist, or occupational therapist may be able to provide additional information which can be useful. A child who is diagnosed as having a visual impairment may be totally blind or have some functional vision to help her learn. Your baby may have some light perception. She may be able to see objects if they are presented from the side (peripheral vision), or directly in the middle (central vision). She may be able to locate objects when there is a great deal of contrast between the object and the background (for example, a white cracker on a deep blue place mat).

Misinterpretation of a child's cues

It is not unusual for the person who is feeding a child with a visual impairment to assume that some of the child's actions mean something different than what the child may have really tried to communicate. Misinterpretation of a child's cues can interrupt his process of learning to enjoy food as a pleasurable, satisfying experience. Babies who can't see are not able to anticipate the bottle, breast, or spoon. If a bottle is suddenly thrust into a child's mouth without warning, he may close his mouth defensively or turn away. A natural response on the part of the parent might be to

assume that he doesn't want to eat; however, the baby may indeed be very hungry! This can lead to frustration for everyone: for the baby, who wants to eat but can't communicate adequately, and for the mother, who feels that her efforts to nurture her baby are being rejected.

It may be helpful to realize that parents with sighted infants often feel the same kind of frustration during early feedings. This is an experience that all parents can have, and it may take a long time to learn how to best meet a particular baby's feeding needs. It is helpful to talk to your baby about what is happening: "Mommy's going to put the spoon in your mouth now." Move slowly, especially when introducing a new feeding experience.

Tactile defensiveness

Some babies and young children with visual impairments are tactually defensive: they are cautious and reluctant to touch things. There are many reasons for this response. Some children have had limited experiences touching a variety of objects with different textures because they have not been able to actively explore their environments. Unless someone helps them discover and experience new objects, infants with visual impairments may be unaware that there is a soft pillow, a hard plastic rattle, or a fuzzy tennis ball nearby which they can feel and explore with their mouths. Babies with visual impairments may have touched objects within their immediate reach (toys placed nearby), but they may not have experienced some everyday textures such as spilled rice or dry cereal, mud, or the dog's water dish. A sighted child might make a beeline for these items because they look interesting, even though they are messy or "yucky." The child with a visual impairment does not know that there are a variety of things to touch and taste which are different from toys unless he is helped to discover them.

Some children may have spent a significant amount of time in hospitals, where touch has been painful and something to be avoided. These children can interpret even a gentle touch as disturbing or uncomfortable and they actively avoid the contact by fussing or crying. They feel threatened when presented with something new to touch or taste, and they need your direct intervention to learn to compare different textures.

Infants who are tactually defensive may not mouth objects with the same intensity as do children who explore their world more spontaneously. They don't exercise their oral-motor muscles as much as other children and may not know how to handle foods with different tastes or textures. This oral exploration also develops oral-motor muscles in preparation for speech and language.

You can help your infant by positioning her so she can easily suck on her fingers. When she is older, you can encourage her to bring toys with a variety of textures to her mouth. Mouthing toys is a normal part of development.

Lack of anticipation

The baby or young child with a visual impairment does not know, unless he is prepared through language or guided exploration, that he is about to be fed. He also does not know what he will be offered. Therefore, he may be very cautious and almost suspicious of new—even familiar—food items, and he may reject them altogether. Infants can be gently stroked on their cheeks to prepare them for nipples. Older children can explore foods with their hands before putting them in their mouths. If a child is told what to expect, he will learn that he can trust what you tell him and may be more willing to try new things: "This is apple sauce; it tastes wet and sweet."

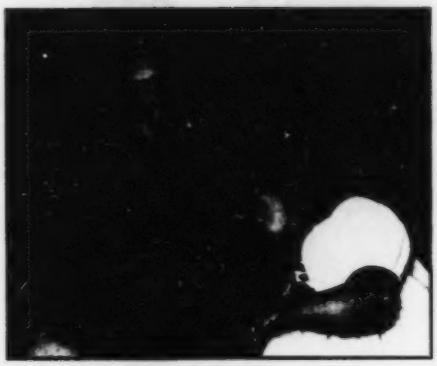
Repetitive movements

A child with a visual impairment may develop certain movements which she does over and over. For example, she may poke her eyes repeatedly, shake her head back and forth, or turn around and around. These repetitive movements are sometimes called blindisms or self-stimulation ("self-stimming"). The purposes they serve are not well understood. These behaviors may interfere with the physical processes involved in eating: holding a bottle, picking up a cookie and bringing it to the mouth for a bite, and learning to use a spoon. Your child can be re-directed to another activity to discourage these inappropriate behaviors; for example, locating and feeding herself a cracker.

Behavioral issues

All children go through sequences of development, motivated by the drive to become independent. Most children with visual impairments need help with basic skills (eating, dressing, exploring their world through crawling and walking) for a longer period of time than sighted children. Because your child may need to remain dependent longer than the sighted child but may want to accomplish things independently, it can be frustrating for her to accept guidance, especially during the toddler years. Parents of children with visual impairments may unwittingly encourage dependency because of their fears for their children's safety.

From about eighteen months to three years, most children go through a stage (which lasts, in different forms, through the teenage years) of wanting to do everything for themselves. This is a normal and essential part of learning to become a complete person. "No!" becomes the rallying cry of the toddler. You want to encourage your child to do the things which give her the opportunity to make choices for herself and to gain autonomy. During feeding times your child may want to eat only certain foods or in certain ways (with her fingers, for example, rather than learning to use a spoon), or she may even refuse to eat. If you can give her choices (bread or crackers), it may be easier to teach her the skills she needs to learn.



At an earlier age, babies with visual impairments occasionally display day/night reversal. To the frustration of their exhausted parents, they take long naps during the day and then want to play at night. This may occur because they don't get the visual stimulation from daylight that sighted infants do. Day/night reversal is also observed in premature infants. Habits may be formed in the Neonatal Intensive Care Unit where there might be very little difference in day and night activities, constant stimulation, and bright lights 24 hours a day. At home, sleep patterns may accidentally be prolonged by babysitters encouraging long naps during the day and by parents giving the infant extra bottles of milk at night. This can interfere with regular eating patterns. To address this difficult problem, keep your baby awake during the day and establish regular feeding times. At night, if she wakes up crying, check to see that she is all right. Try not to pick her up or feed her. Eventually, your baby will sleep at the appropriate time.

Problems

Arnold has a little bit of sight: he can see light and sometimes he can pick up blocks or other toys. How can I help him learn to locate his food on the table and feed himself without getting frustrated? Right now he just gets mad and won't even try!

A child who is visually impaired needs to learn to use his hands to search for food and other items. As Arnold has some vision, it may be helpful to observe him while he is playing and notice when he seems to see objects best. Is the room well-lighted? Does he see better when a light is behind him or when he is facing it? Does he seem to notice some colors better than others? How big are the items he can see?

After making these observations, try to make changes at mealtimes:

- If he seems to be bothered by a bright light directly in front of him, face his highchair or chair at the table away from the light.
- Use high contrast materials to call his attention to finger foods; for example, place a banana slice on a dark place mat or a pea on a white mat.
- Put finger foods on a tray with raised edges so he can push the food around without knocking it off the table.
- Be sure and tell him what you're offering him: "Here's a graham cracker, Arnold. It's on the table in front of you. Can you find it?"
- If he can locate and grasp large objects, offer him big pieces of food at first and gradually reduce the size.
- Don't expect immediate success; it may take a long time for him to learn these new skills.

BEST COPY AVAILABLE

Related impairments

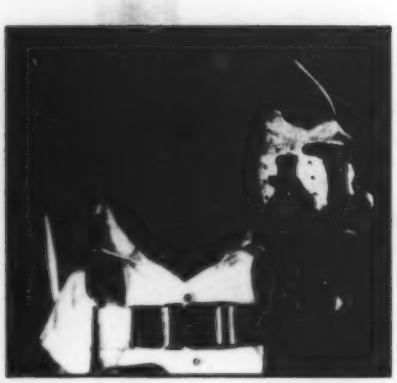
Babies with multiple impairments must deal not only with their visual problems but often with muscular or neurological problems that make it hard for them to learn to eat. Children with visual impairments frequently have related conditions. For example, some babies who have developed retinopathy of prematurity face unique problems which may include movement patterns that are immature, abnormal muscle tone, and tactile defensiveness. The diagnosis of cortical visual impairment may also be associated with motor problems and developmental delays. Your child may have neuromotor problems which can result in difficulties in balance and oral-motor movements. These problems can have a significant impact on the development of coordinated feeding skills.

Neuromuscular problems

Some children with visual impairments have neuromuscular problems that make it hard for them to use their muscles. They may be diagnosed as having cerebral palsy or static encephalopathy. The problems they have in controlling their muscles can result in poor posture, immature sitting balance, and a lack of control of voluntary movements.

Hypertonia and hypotonia are terms used to describe the muscle tone of children with neuromuscular problems. Hypertonia describes tight or stiff muscles. This can lead to a lack of flexibility during movement. Movements can be jerky or appear to be very slow. Hypotonia, on the other hand, means flaccid or floppy muscles which appear weak.

Knowing the kind of muscle tone a child is exhibiting can be helpful when planning comfortable holding or seating arrangements during feeding times. A child with hypertonia or hypotonia may find it difficult to hold up his head or sit with good balance.



If a child is not positioned properly, it may be very difficult to feed him. He may resist your efforts at feeding and find it hard to learn to feed himself. He might know what he wants to do but not be able to get his muscles to respond appropriately.

To help him learn to suck a bottle and swallow liquids, your infant needs to have his head slightly raised and in line with the rest of his body. To help an older baby begin to chew and swallow solid foods without choking, he should have his head and trunk upright, his hips and knees bent to approximately 90 degrees, and his feet resting on a solid surface. Infant seats, car seats, and highchairs can be adapted to fit your child. There are specialized seats which are commercially available. An occupational or physical therapist can be helpful in determining the most appropriate feeding position for your child and can help you obtain specialized equipment.

Arching

Children who have been born prematurely frequently develop a movement pattern called arching. They extend their heads, arch their backs and hips, and move away from a stimulus. This pattern may lead to an apparent rejection of the bottle. Many parents interpret this to mean that their children don't want to eat—when just the opposite may be true. Arching might be your child's easiest method of moving and may even be a means of communicating that he is excited about eating.

Tongue thrust

A child with a tongue thrust may push the food out of her mouth when it is placed on her tongue. This is a typical response, seen in many infants who are first offered foods from a spoon. Sometimes parents think that their baby isn't hungry or doesn't like the food offered to her. This may not be true; she may simply be unable to coordinate tongue and lip movements to move the food to the back of her mouth for swallowing.

Helping a child with a tongue thrust can be a challenging problem for the baby and parent to solve together. Placing the spoon firmly on your baby's tongue and helping her bring her lips closed may help her get more food into her mouth. If your baby has a persistent problem with eating, it may be helpful to consult an occupational therapist or speech therapist experienced in feeding.

Immature reflexes

There are other movement patterns and positions which may interfere with acceptance of offered foods: delayed integration of reflexes such as the Asymmetrical Tonic Neck Reflex (ATNR), or the Moro Reflex. The ATNR causes the child to have difficulty keeping her head straight and bringing her hands together at midline—she looks to either the right or left, depending on which arm is extended. The Moro Reflex is a total body startle or jerk in response to touch or sound. It is difficult for children with these uncontrolled reactions to maintain a stable head or body position for feeding. Children over the age of nine months with these responses may be delayed in other developmental areas. Different ways of positioning children can diminish these movements; presenting foods in a quiet, non-stimulating environment may make it easier for your child to enjoy mealtimes.

Any one or a combination of the above conditions may explain why a child is experiencing feeding difficulties. Although your child may have problems which are similar to other children, it is important to remember that each child is an individual who approaches challenges in a special way. What works for one family may not work for another, and it may be very helpful to have professionals help in developing problem-solving strategies for your child.

Problems & Solutions

Ten month-old Casey was born very prematurely and frequently arches her back. When I hold her in my arms and try to give her a bottle, as soon as I touch her lips with the nipple or a spoon she throws her head back and it's really hard to find her mouth! Sometimes I think she just doesn't like to eat.

Arching is a habit that premature babies sometimes develop as a movement pattern, and it may be their initial response to any kind of stimulus. Although it may appear as though your baby is trying to get away from the bottle, she may simply be responding with a learned movement pattern.

The following are some suggestions which may help her learn to move in different ways:

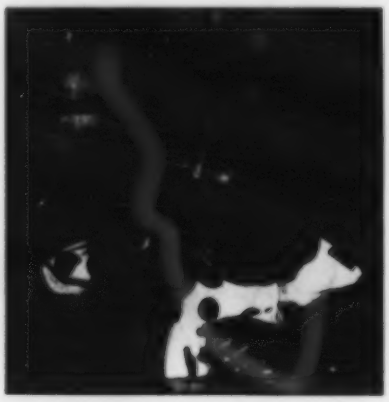
- Position her so that it is difficult for her to arch her back, such as in a supported sitting position in an infant seat, with her hips and knees bent and her shoulders forward.
- When holding her in your lap, make sure her hips and knees are flexed and her head is supported before offering her the bottle.
- Verbally prepare her for feeding: "It's time to eat now. Here's your bottle," and through touch, by gently stroking her cheeks and lips before giving her the bottle.
- If possible, consult an occupational or physical therapist for other suggestions on positioning and on helping your child learn to move with better control.

SUMMARY

BEST COPY AVAILABLE

Most of the time parents take for granted the fact that their children will grow up to be independent in eating. They are often not aware of the different stages of learning which children must pass through in order to become self-sufficient. Only when a child has problems do parents really focus on the sequence of skills which must be mastered in order for the child to learn to eat.

A baby takes in nourishment by sucking milk from a bottle or breast and then gradually is introduced to other kinds of food—beginning with pureed baby foods and culminating in the ability to eat a variety of foods with different textures. In the process, a child learns how to feed himself first with his fingers and then continues to refine his skills until he can eat independently with utensils. If you stop to consider the complexity of the task, it almost seems like a miraculous transformation.



When you have a child with a visual impairment, your child is an individual facing some unique challenges. He will most likely learn to do many things at a later age than other children. Helping your child to learn will require patience and ingenuity. You can network with other parents and find out what techniques have helped them. Teachers, occupational therapists, and physicians can also provide helpful information. It is important for you to gather as much information as you can and then use it in ways that work best for you, your child, and your family.

Acknowledgements

We wish to thank the Blind Childrens Center for its generous support which made this booklet possible. We also appreciate the significant contributions of the following individuals: Donna Kaptain, Neal Kaptain, Mary Ellen McCann, Mardi Robers, Sylvia Romero, Lorie Lynn LaPrelle, M. Rudolph Brody, M.D., Steve DeVorkin, and April Halprin Wayland.

We extend our special appreciation to the Margaret Bundy Scott Trust for supporting the development, production, and distribution of this booklet.

We are grateful to the families who participate in the programs at the Blind Childrens Center. They have encouraged us to persist in our own learning and growth while sharing their unique experiences with us.

Most important, we remember the children who taught us so much: thank you for letting us be a part of your lives.

About the Authors

Lynne Webber is currently the Infant Services Specialist and Coordinator of the Parent Participation Program at the Blind Childrens Center. She has a Special Education Credential with a Severely Handicapped specialization. Lynne has extensive experience with blind/multi-handicapped infants and toddlers.

Jill Brody is an Occupational Therapist who specializes in Pediatrics. She has a Bachelor of Science degree in Occupational Therapy and a Master's Degree in Special Education. She works as a consultant at the Blind Childrens Center as well as with other organizations and has extensive experience in treating children with a variety of diagnoses.

RESOURCES FOR PARENTS AND PROFESSIONALS REGARDING INFANTS AND CHILDREN WITH VISUAL IMPAIRMENTS

American Foundation for the Blind, 15 West 16th Street, New York, New York 10011, 212/620–2000.

Blind Childrens Center, 4120 Marathon Street, Los Angeles, California 90029, 213/664–2153. In California 800/222–3567. In the United States 800/222–3566.

The Hadley School for the Blind, 700 Elm Street, Winnetka, Illinois 60093, 708/446–8111.

Overbrook School for the Blind, 64th Street and Malvern Avenue Philadelphia, Pennsylvania 19151, 215/877–0313.

SUGGESTED REFERENCES FOR MORE INFORMATION ABOUT FEEDING PROBLEMS AND STRATEGIES FOR INTERVENTION

Baer, M. T., Tanaka, T. L & Blyler, E. M. (1991). *Nutrition Strategies for Children with Special Needs—Identifying Kids at Risk.* Center for Child Development, Childrens Hospital of Los Angeles, P. O. Box 54700, Los Angeles, CA 90054.

Erhardt, R. P. (1993). *Finger Feeding: A Comprehensive Developmental Perspective.* Pediatric Basics/Medical Services Department, Gerber Products Company. (No. 66, Fall).

Finnie, N. (1974). *Handling the Young Cerebral Palsied Child at Home.* New York: E. P. Dutton.

Lansky, V. (1974). *Feed Me, I'm Yours.* New York: Bantam Books.

McClannahan, C. (1987). *Feeding and Caring for Infants and Children with Special Needs.* Rockville, MD: America Occupational Therapy Association.

Morris, S., Evans, K. & Dunn, M. (1987). *Pre-feeding Skills.* Therapy Skill Builders. 3830 E. Bellevue, P. O. Box 42050, Tucson, AZ 85733.

Parent Early Childhood Education Series. (1988). Overbrook School for the Blind, 64th St. and Malvern Ave., Philadelphia, PA 19151.

Pogrand, R., Fazzi, D. L. & Lampert, J. S., (Eds.). (1992). *Early Focus: Working with Young Blind and Visually Impaired Children and their Families.* New York: American Foundation for the Blind.

Satter, E. (1992, June). *The Feeding Relationship.* Zero to Three/National Center for Clinical Infant Programs. (Vol. XII, No. 5).

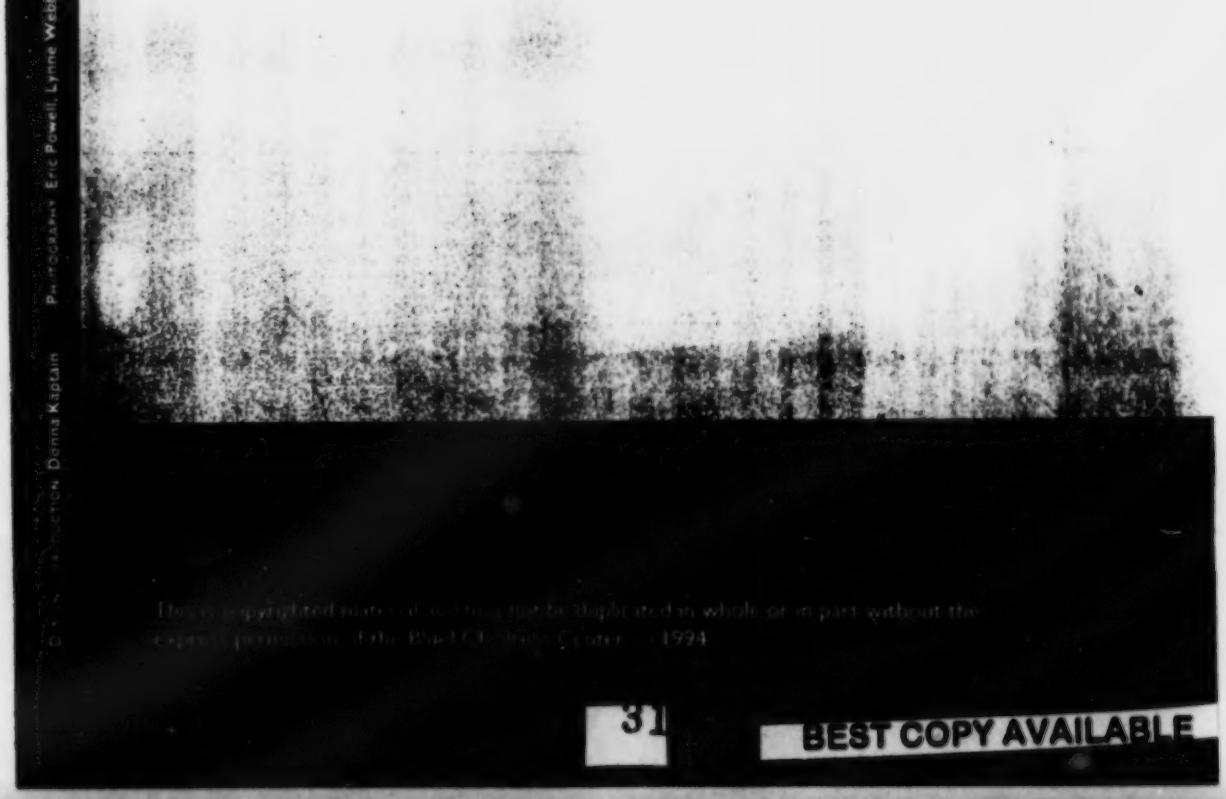
Satter, E. (1984). *How to Get Your Kid to Eat...But Not Too Much.* Palo Alto: Bull Publishing Co.

Blind Childrens Center

The Blind Childrens Center offers a program of diversified services which meets the special needs of blind, visually impaired, and multihandicapped blind children (ages birth through five years), their parents, and siblings at no charge. Services include: Infant Stimulation Program; Educational Preschool; Family Support Services; Correspondence Program; Toll Free National Phone Line; Publication and Research Program; Internship Opportunities; and Interdisciplinary Assessment Service.

The Blind Childrens Center is a non-profit organization available to blind and partially sighted children regardless of race, color, national or ethnic origin, sex, or religion. The Center was founded in 1938 by the Southern California Delta Gammas. The Blind Childrens Center operates without state or federal assistance.

Photography: Eric Powell, Lynne Webber, Laurie Headley, & Chris Richter



This copyrighted material may not be duplicated in whole or in part without the express permission of the Blind Childrens Center ©1994

BEST COPY AVAILABLE

BLIND CHILDRENS CENTER
4120 Marathon Street
Los Angeles
California 90029
213/664-2153
CA 800/222-3567
USA 800/222-3566
Fax 213/665-3828